

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213553616			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: SOUTHSIDE ELECTRIC COOPERATIVE</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JOHN M. BOSWELL 601 E VIRGINIA AV. CREWE, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: NOTTOWAY COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 12/31/2013</p> <p>SCC ID NO: 00434993</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: PO BOX 7</p> <p style="margin-left: 40px;">CITY/ST/ZIP: CREWE, VA 23930</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: HERBERT E. WINN TITLE: TREASURER ADDRESS: 2359 ROCKY HILL ROAD CITY/ST/ZIP/CO: BLACKSTONE, VA 23824 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: HERBERT E. WINN TITLE: TREASURER ADDRESS: 2359 ROCKY HILL ROAD CITY/ST/ZIP/CO: BLACKSTONE, VA 23824	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HERBERT E. WINN TITLE: TREASURER ADDRESS: 2359 ROCKY HILL ROAD CITY/ST/ZIP/CO: BLACKSTONE, VA 23824	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: FRANK W. BACON TITLE: CHAIRMAN ADDRESS: 2978 BACON FORK ROAD CITY/ST/ZIP/CO: KENBRIDGE, VA 23944 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: FRANK W. BACON TITLE: CHAIRMAN ADDRESS: 2978 BACON FORK ROAD CITY/ST/ZIP/CO: KENBRIDGE, VA 23944	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FRANK W. BACON TITLE: CHAIRMAN ADDRESS: 2978 BACON FORK ROAD CITY/ST/ZIP/CO: KENBRIDGE, VA 23944	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: PAUL S BENNETT TITLE: SECRETARY ADDRESS: 14785 RED HOUSE ROAD CITY/ST/ZIP/CO: RED HOUSE, VA 23963 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PAUL S BENNETT TITLE: SECRETARY ADDRESS: 14785 RED HOUSE ROAD CITY/ST/ZIP/CO: RED HOUSE, VA 23963	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAUL S BENNETT TITLE: SECRETARY ADDRESS: 14785 RED HOUSE ROAD CITY/ST/ZIP/CO: RED HOUSE, VA 23963	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: EARL C. CURRIN, JR. TITLE: VICE CHAIRMAN ADDRESS: 558 REEDY CREEK ROAD CITY/ST/ZIP/CO: LUNENBURG, VA 23952 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: EARL C. CURRIN, JR. TITLE: VICE CHAIRMAN ADDRESS: 558 REEDY CREEK ROAD CITY/ST/ZIP/CO: LUNENBURG, VA 23952	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: EARL C. CURRIN, JR. TITLE: VICE CHAIRMAN ADDRESS: 558 REEDY CREEK ROAD CITY/ST/ZIP/CO: LUNENBURG, VA 23952	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: CHARLES J. FRIEDL TITLE: DIRECTOR ADDRESS: 20213 CHARLOTTE ROAD CITY/ST/ZIP/CO: SUTHERLAND, VA 23885 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CHARLES J. FRIEDL TITLE: DIRECTOR ADDRESS: 20213 CHARLOTTE ROAD CITY/ST/ZIP/CO: SUTHERLAND, VA 23885	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES J. FRIEDL TITLE: DIRECTOR ADDRESS: 20213 CHARLOTTE ROAD CITY/ST/ZIP/CO: SUTHERLAND, VA 23885	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: Dorsey L Drawhorn TITLE: DIRECTOR ADDRESS: P. O. Box 503 CITY/ST/ZIP/CO: AMELIA, VA 23002 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Dorsey L Drawhorn TITLE: DIRECTOR ADDRESS: P. O. Box 503 CITY/ST/ZIP/CO: AMELIA, VA 23002	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Dorsey L Drawhorn TITLE: DIRECTOR ADDRESS: P. O. Box 503 CITY/ST/ZIP/CO: AMELIA, VA 23002	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL A. LOBUE DIRECTOR 264 CHASE RUN LYNCH STATION, VA 24571	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KRISTIE MARTIN-WALLACE DIRECTOR 22611 ROCKY FORD ROD JETERSVILLE, VA 23083	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM T. WHITE DIRECTOR 1202 ASPEN ROAD PHENIX, VA 23959	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ FRANK W. BACON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	FRANK W. BACON, CHAIRMAN PRINTED NAME AND CORPORATE TITLE	11/6/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			